

MAR - 7 2003



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**FORM 26R**  
**CHEMICAL ANALYSIS OF RESIDUAL WASTE**  
**ANNUAL REPORT BY THE GENERATOR**

132 Western 545

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form 26R, reference the item number and identify the date prepared. The date on attached sheets needs to match the date noted below.

Date Prepared/Revised February 27, 2003

DEP USE ONLY	
COUNTY: <u>Lehigh</u>	Date Received & General Notes: <u>28 2003</u>
FACILITY: <u>B Braun Medical</u>	
FILE CODE: <u>267</u>	EPA Generator ID# <u>PAD982676169</u>

**SECTION A. CLIENT (GENERATOR OF THE WASTE) INFORMATION**

Company Name

B. Braun Medical, Inc.

If a Subsidiary, Name of Parent Company

n/a

Company Mailing Address Line 1

901 Marcon Blvd.

Company Mailing Address Line 2

Company Address Last Line - City

Allentown

State

PA

Zip+4

18109-9512

Phone

610-266-0500

Ext

2441

Company Contact Last Name

Stancick

First Name

Steve

MI

S

Suffix

n/a

Contact Phone

610-266-0500

Ext

2441

Contact Email Address

steve.stancick@bbmus.com

Is the waste generated at the Company Mailing Address (noted above)?

☒ Yes

☐ No

If 'No', describe location of waste generation and storage.

Township

County

State

**SECTION B. WASTE DESCRIPTION**

Residual Waste Code	Residual Waste Code Description	Amount	Unit of Measure	Time Frame
710	Plant Trash	620	<input type="checkbox"/> cu yd <input type="checkbox"/> gal <input type="checkbox"/> lb <input checked="" type="checkbox"/> ton	Year <input type="checkbox"/> One Time

**1. GENERAL PROPERTIES**

a. pH Range 7 to 9 (based on analyses or knowledge)

b. Physical State ☐ Liquid Waste (EPA Method 9095)  
☒ Solid (EPA Method 9095)  
☐ Gas (ambient temperature & pressure)

c. Physical Appearance Color varies Odor none  
Number of Solid or Liquid Phases of Separation 1  
Describe each phase of separation.  
solid

**2. CHEMICAL ANALYSIS ATTACHMENTS**

a. The results of a detailed chemical characterization of the waste, as described in the instructions, is attached. ☐ Yes ☒ No

b. A detailed description of the waste sampling method is attached. ☐ Yes ☒ No

c. The quality assurance/quality control procedures employed by the laboratory(ies) is attached. ☐ Yes ☒ No

d. The results of the hazardous waste determination is attached. ☐ Yes ☒ No

e. If applicable, a detailed explanation supporting use of generator knowledge in lieu of actual chemical analysis is attached. ☐ Yes ☐ No ☒ NA

**3. PROCESS DESCRIPTION & SCHEMATIC ATTACHMENTS**

a. A detailed description of the manufacturing and/or pollution control processes producing the waste, as specified in the instructions, is attached. ☐ Yes ☒ No

b. A schematic of the manufacturing and/or pollution control processes producing the waste, as specified in the instructions, is attached. ☐ Yes ☒ No

c. If portions of the information submitted are confidential, the substantiation for a confidentiality claim, as described in the instructions, is attached. ☐ Yes ☐ No ☒ N/A

**SECTION C. MANAGEMENT OF RESIDUAL WASTE****1. PROCESSING OR DISPOSAL FACILITY(IES)**

The area below (a.-d.) will accommodate the identification of two facilities. Attach additional sheets if necessary.

a.	Solid waste permit number(s) for processing or disposal facility being utilized.			
	100265			
b.	Facility Name	Waste Management		
	Address Line 1	1963 Pen Argyl Road		
	Address Line 1			
	Address City State ZIP	Pen Argyl	PA	18072
	Municipality	Plainfield Twp	County	Northampton
c.	Facility Contact Name	Scott Perin		
	Title	District Manager		
	Phone	610-863-1315	Email Address	sperinwm.com
d.	Volume of waste shipped to processing or disposal facility in the previous year.			
	391	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	<input type="checkbox"/> lb <input checked="" type="checkbox"/> ton (check one)
a.	Solid waste permit number(s) for processing or disposal facility being utilized.			
	400592			
b.	Facility Name	Lancaster County Solid Waste Management Authority-Resource Recovery Facility		
	Address Line 1	Rt 441 Southside		
	Address Line 1			
	Address City State ZIP	Marietta	PA	17547
	Municipality	Conoy Twp	County	Lancaster
c.	Facility Contact Name	Gary Forster		
	Title	Program Manager		
	Phone	717-397-9968	Email Address	gforster@lcswwma.ogr
d.	Volume of waste shipped to processing or disposal facility in the previous year.			
	229	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	<input type="checkbox"/> lb <input checked="" type="checkbox"/> ton (check one)

**2. BENEFICIAL USE**

a.	Has the waste been approved for beneficial use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes", list the general permit number or approval number.		
b.	Volume of waste beneficially used in the previous year.		
	n/a	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal <input type="checkbox"/> lb <input type="checkbox"/> ton (check one)

**SECTION D. CERTIFICATION**

I hereby certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that, based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Check the following, if applicable:

<input checked="" type="checkbox"/>	I certify the information required in Waste Description, General Properties was supplied to the Department for the year <u>2002</u> and has not changed.
	Form Submitted
	<input checked="" type="checkbox"/> Form 26R
	<input type="checkbox"/> Other (specify)
<input type="checkbox"/>	I certify the information required in Waste Description, Chemical Analysis was supplied to the Department for the year _____ and has not changed.
	Form Submitted
	<input type="checkbox"/> Form 26R
	<input type="checkbox"/> Other (specify)
<input type="checkbox"/>	I certify the information required in Waste Description, Process Description & Schematic was supplied to the Department for the year _____ and has not changed.
	Form Submitted
	<input type="checkbox"/> Form 26R
	<input type="checkbox"/> Other (specify)

Name of Responsible Official  
Steve Stancick

Title  
EH&S Manager

Signature

Date

Corporate  
Seal  
(If appropriate)

Notary  
Seal

Taken, sworn, and subscribed before me, this

27th

day of

February

A.D.

2003

Andrea M. Seiler

Notarial Seal  
Andrea M. Seiler, Notary Public  
City Of Allentown, Lehigh County  
My Commission Expires Sept. 10, 2006  
Member, Pennsylvania Association Of Notaries

